

Name  
in  
Full

*Thos. Sadler*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at			Town <i>Balto</i>		County		MARYLAND	
Date of death	<i>1801</i>	Month	<i>April</i>	Day	<i>27</i>	Years	Age	<i>39</i>
						Months	<i>✓</i>	Days
Sex	<i>Male</i>	Color or Race		<i>white</i>		Birth-place		<i>Ind</i>
Occupation				Where Residing if not at place of death				
Married, Single or Widowed				Name of Wife or Husband				
Father's Name						Father's Birthplace		
Mother's Maiden Name						Mother's Birthplace		
Name of person giving information						How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. F. H. Grunich Reg.</i>
	Address <i>Fort 4 Ind</i>
Accident or Suicide?	<i>Issued to Dr. Hunter</i>

Received May 1, 1905  
To dinner to  
J. S. H. H.

Name in Full

Died at *Eckhart Mines* *Callegary* *Sathoff* MARYLAND

Date 189 *June 12* *Sept. 26* M. *3.14* D. *745* Native of *745* Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband  
 of  
 Wife

Father's Name *Wendrick Sathoff* Mother's Name *Egyptine Mc Sathoff*

Cause of Death { Primary *Stroke per* How long sick  
 Immediate *convulsions* 49  
 Accident, Suicide, Homicide

Reported by *RM Cornwall*  
 Address *Eckhart Mines 745*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Samuel M. Sawyer

Died at <sup>Town</sup> Mt. Lake Park, <sup>County</sup> Garrett Co., \_\_\_\_\_ MARYLAND

Date 189 <sup>Month</sup> Dec. <sup>Day</sup> 4 <sup>Y.</sup> Age 63, <sup>M.</sup> 8 <sup>D.</sup> — <sup>Native of</sup> Ohio <sup>Occupation</sup> Woodfield Brnding

<sup>Male</sup> <sup>White</sup> <sup>Married</sup> ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living ?

Husband of Wife is living at Mt Lake Park  
~~Wife~~  
 Father's Name ? Mother's Name ? 157

Cause of <sup>Primary</sup> Reported to me as <sup>How long sick</sup> few hrs.  
<sup>Death</sup> Immediate apoplexy or heart failure ~~Accident, Suicide, Homicide~~

Reported by Rev. S. W. Engle

Address Westernport, Md.

Attended by Dr. Lenny McComas  
of Oakland, Md.

The undertaker was Mr. Bolden  
of Oakland, Md.

Information contained in this certificate re-  
ceived from Rev. S. M. Engle  
of Westersport, Md.

Name  
in  
Full

Funnie Louise Schamel

## CERTIFICATE OF DEATH

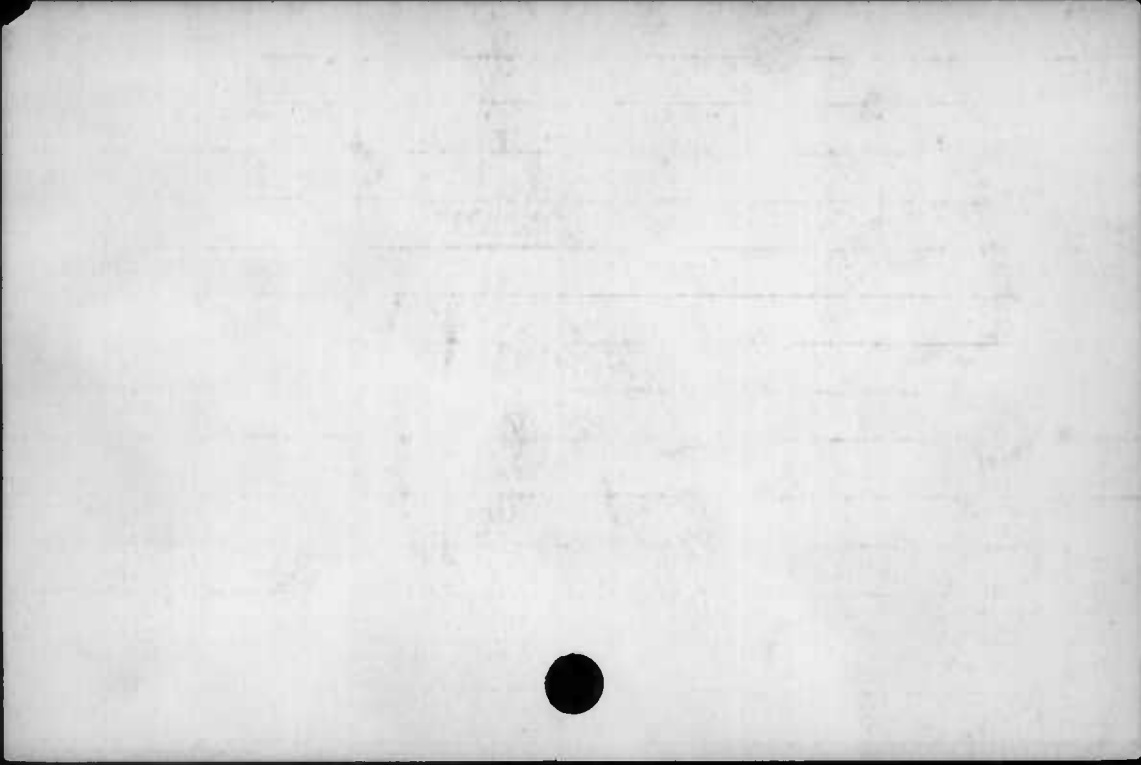
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Williamsport</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND		
Date of death <i>1979</i>	Month <i>July</i>	Day <i>18</i>	Age <i>2</i>	Years	Months <i>11</i>	Days <i>13</i>		
Sex <i>female</i>	Color or Race <i>White</i>		Birthplace <i>Williamsport</i>					
Occupation			Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>			Name of Wife or Husband					
Father's Name <i>Jacob Calvin Schamel</i>			Father's Birthplace <i>Washington Co</i>					
Mother's Maiden Name <i>Coter E Schaper</i>			Mother's Birthplace					
Name of person giving information <i>Sarah Krebs</i>			How related to deceased <i>sister</i>					

## CAUSES OF DEATH

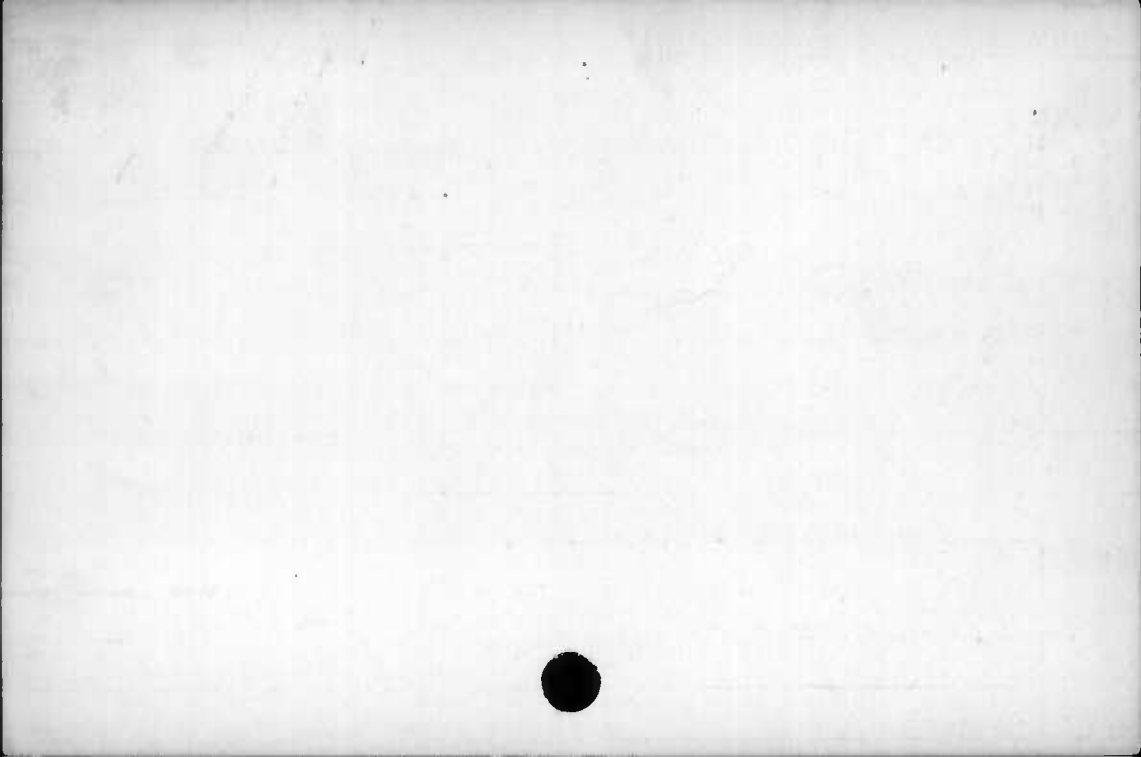
PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

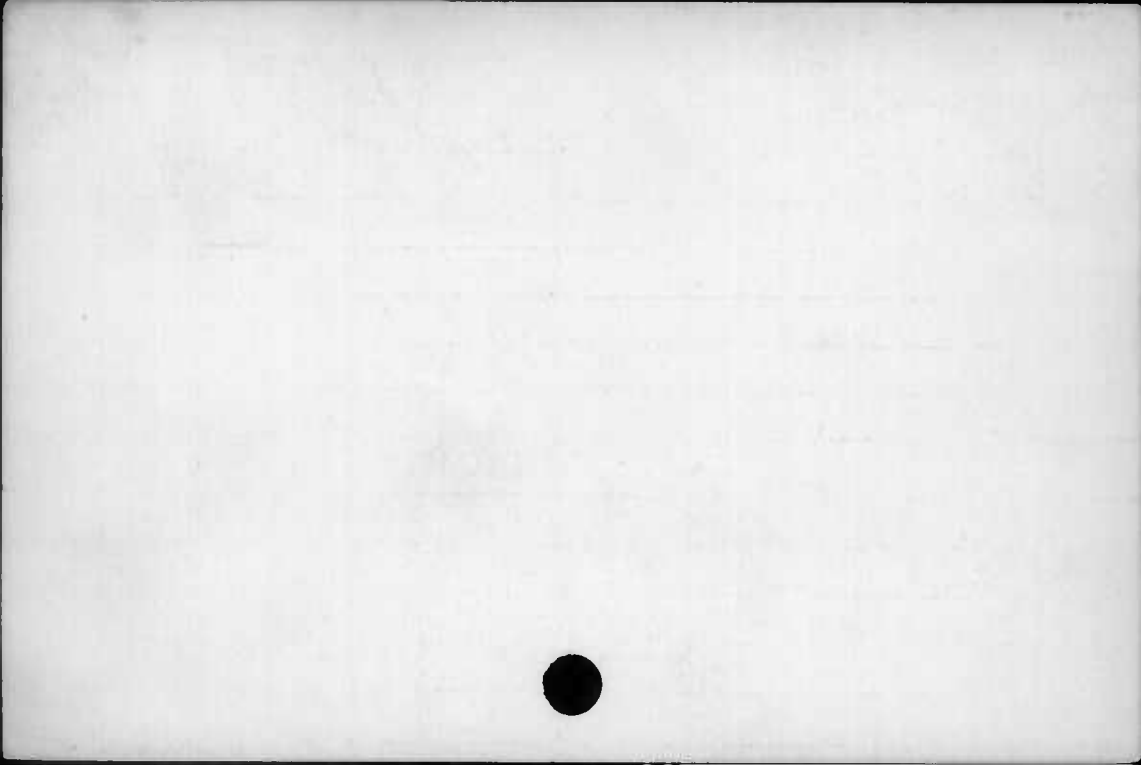




Name in Full		Fannie Louise Schannel				Disinterment		CERTIFICATE OF DEATH								
TO BE ANSWERED BY NEAREST FRIEND		Town			County			MARYLAND								
		Died at														
		Date of death	1879	Month	July	Day	18 <sup>th</sup>	Age	1	Months	11	Days	17			
		Sex	Female		Color or Race	white		Birth-place	Williamport							
		Occupation						Where Residing if not at place of death								
		Married, Single or Widowed	Infant		Name of Wife or Husband		none									
PHYSICIAN OR CORONER		Father's Name					Jacob Balvin Schannel					Father's Birthplace		dont know		
		Mother's Maiden Name					dont know					Mother's Birthplace		unable to say		
		Name of person giving information					Two women					How related to deceased				
CAUSES OF DEATH																
PHYSICIAN OR CORONER		Primary					Disinterment					How long		31 years		
		Immediate										How long				
		Are the name, age, sex, color, date and place correctly given above?					Signature of Physician					J E Pitonogle				
							Address					Health officer				
		Accident or Suicide?										J L Chrisman Sub Registrar				



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Kempsville</i>		Town <i>Washington</i>		County <i>Washington</i>
	Date of death <i>1879</i>		Month <i>March</i>	Day <i>16</i>	Age <i>51</i>
	Sex <i>male</i>		Color or Race <i>White</i>	Birth-place <i>Washington county</i>	
	Occupation <i>carpenter</i>		Where Residing if not at place of death <i>— — —</i>		
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>ester Elizabeth Schmael</i>			
	Father's Name <i>Henry Schmael</i>	Father's Birthplace <i>Washington C. O.</i>			
	Mother's Maiden Name <i>Elizabeth Poffenberger</i>	Mother's Birthplace <i>— — —</i>			
Name of person giving information <i>Sarah Kneps</i>		How related to deceased <i>Daughter</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		How long		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
			Address		
	Accident or Suicide?				



Name  
in  
Full

Jacob Calvin Schanuel

Disinterment

CERTIFICATE OF DEATH

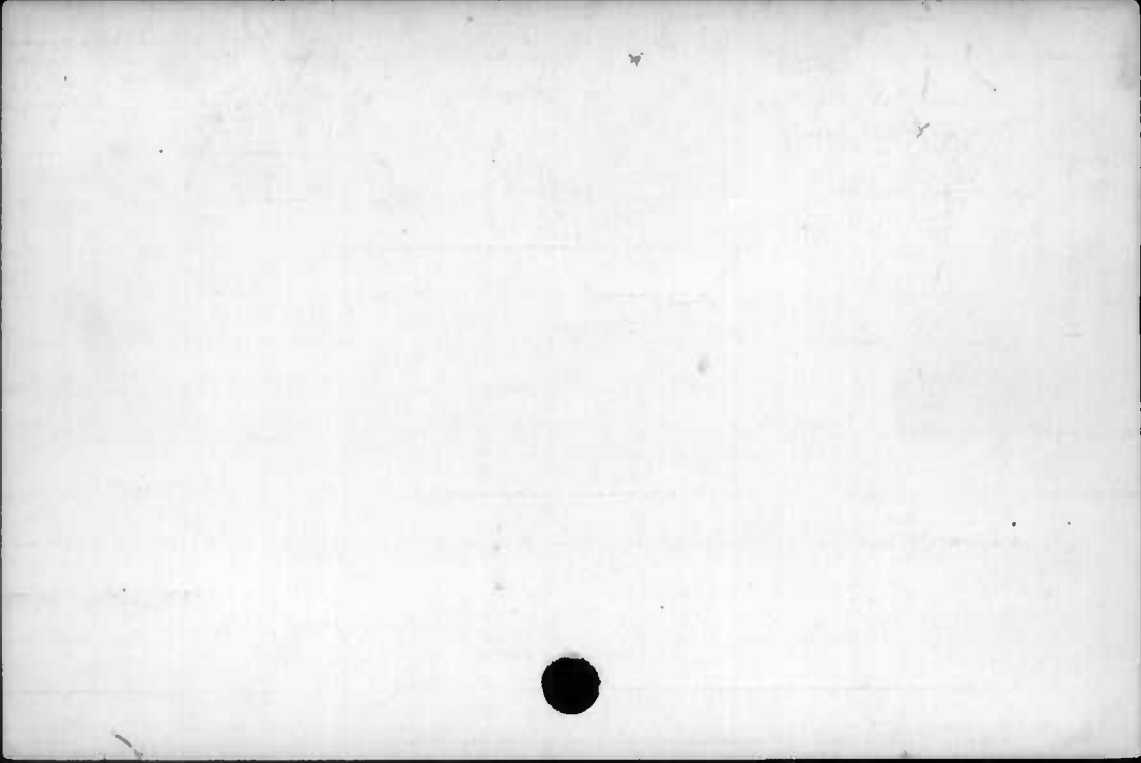
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Kemp's Mill</i>		Town <i>Washington County</i>		County <i>Washington County</i>		MARYLAND	
Date of death <i>1899</i>	Month <i>March</i>	Day <i>16</i>	Age <i>51</i>	Years	Months <i>6</i>	Days <i>16</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Dont Know</i>				
Occupation <i>Dont Know</i>			Where Residing if not at place of death <i>at Kemp's Mill</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>I dont Know</i>					
Father's Name <i>unable to say</i>				Father's Birthplace <i>Dont Know</i>			
Mother's Maiden Name <i>unable to say</i>				Mother's Birthplace <i>unable to say</i>			
Name of person giving Information <i>Two women</i>				How related to deceased <i>Dont Know</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Disinterment</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. E. Pitsmogle M. D.</i>
	Address <i>Health Officer</i>
Accident or Suicide?	<i>J. L. Chrisman Sub Registrar</i>



Name in Full

45561

Charlotte L Schene

Town

County

Died at

Catonville

Baltimore

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

0

Sept 24

Age

49

Md

Housekeeper

~~Male~~

White

Married

~~Widow~~

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Unknown

~~Husband~~

of

John H Schene

Wife

Father's

Name

Unknown

Mother's

Name

Cause of

Primary

Insanity

46

How long sick

Three months

Death

Immediate

Strangulation

Accident, Suicide, ~~Homicide~~

Reported by

Samuel H Owens J P Coroner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

11

2

3

4

5

6



Name  
in  
Full

Daniel P. Schindel Jr

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Washington MARYLAND

Date of death 10-3-31 Age 42.1 Months — Days —

Sex Male Color or Race White — Birthplace Pa

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Ellen J. Schindel

Father's Name Daniel P. Schindel Father's Birthplace

Mother's Maiden Name Ann Newcomer Mother's Birthplace

Name of person giving information Grace Schindel How related to deceased Daughter

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Struck by Horse How long 30 Days

Immediate Lost Blood How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J. S. Pittsinger M.D.

Address

Accident or Suicide?



Name in Full

Certificate of Death

Andrew Schneider

Town

County

Died at

Canton

Balto

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Age

22

Balto

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Drowning

John G. Miller J. P.

Canton Balto Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
In  
Full

Not name &amp; (Still Born)

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1996</i>	Month <i>Dec</i>	Day <i>7</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birthplace <i>Hagerstown</i>		
Occupation <i>—</i>			Where Residing If not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Scott</i>			Father's Birthplace <i>Montgomery &amp; Md</i>		
Mother's Maiden Name <i>Harriet Bird</i>			Mother's Birthplace <i>Hagerstown Md</i>		
Name of person giving information <i>John Scott</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name

in  
Full

Harratt Scott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> Town		<i>Washington</i> County		MARYLAND	
Date <i>1896</i> of death <i>10</i>	Month <i>Dec</i>	Day <i>8</i>	Age <i>41</i>	Months <i>9</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Hagerstown Md</i>		
Occupation <i>Domestic</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Scott</i>				
Father's Name <i>John Hagger</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Sophia Bird</i>	Mother's Birthplace <i>Md</i>				
Name of person giving Information <i>John Scott</i>	How related to deceased <i>husband</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Child Birth (Sever)</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	





Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName *Nellie Scott*Died at *Hagerstown* TownCounty *Washington*

MARYLAND

Date *1882*  
of death *19*Month *Dec*Day *30*Years *—*Months *—*Days *10*Sex *Female*Color or Race *Colored*Birth-place *Hagerstown Md*Occupation *—*Where Residing if not  
at place of death *—*Married, Single  
or Widowed *single*Name of Wife or  
Husband *—*Father's Name *John Scott*Father's Birthplace *Montgomery D Md*Mother's Maiden Name *Harriett Bird*Mother's Birthplace *Hagerstown Md*Name of person giving  
In formation *John Scott*How related  
to deceased *Father*

## CAUSES OF DEATH

Primary *complication of bowels*

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Maggie Brown.

Scovens

Dorchester Town

Bath County

MARYLAND

Died at

Dorchester

Date 189

6 years. Month Day

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189 1903

Age

~~Male~~

Colored

~~Married~~

Widow

Divorced

Female

Colored

~~Singl~~

Widower

Number of children living

7

Husband

of

Thos. Scovens.

Wife

Father's

Name

Thos. Scovens

Mother's

Name

Lama Brown

How long sick

Cause of

Primary

wounds

140

7 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

John Brown, Funer Director

Address

Dorchester Bath Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65058

No physician in attendance

P.C.I. 8

Name In Full

Certificate of Death

Died at

Town  
*Pella*

County

*Howard*

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Age

*24*~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

*1 child*Husband  
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

*161*

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

*Argues Elliott City*

Address

*5-27*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William P. Snowell

Died at

Town

Trappe

County

Talbot

MARYLAND

Date 1898

Month

July

Day

24

Y.

68

M.

3

D.

4

Native of

Md.

Occupation

Justice of Peace

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

Sarah J. Snowell

Father's

Name

Wm. J. Snowell

Mother's

Name

Hester Ann

Cause of

Primary

Heart disease

Death

Immediate

Coma

How long sick

~~Accident, Suicide, Homicide~~

Reported by

James J. Chaplain M. D.

Address

Trappe, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65868





Name in Full

Thomas Seybold.

Died at <sup>Town</sup> Arlington <sup>County</sup> Balt.

MARYLAND

Date 189 <sup>Month</sup> Nov. <sup>Day</sup> 8<sup>th</sup> Age <sup>Y.</sup> 28 <sup>M.</sup> - <sup>D.</sup> - <sup>Native of</sup> Md <sup>Occupation</sup> Carpenter

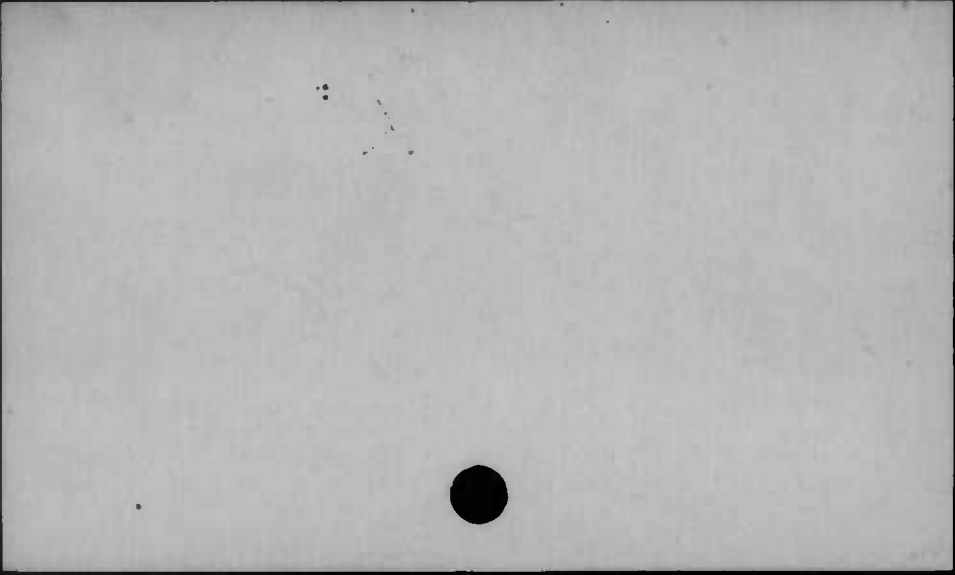
<sup>Male</sup> <sup>White</sup> <sup>Married</sup> <sup>Widow</sup> <sup>Divorced</sup>  
<sup>Foreign</sup> <sup>Color</sup> <sup>Single</sup> <sup>Widow</sup> <sup>Number of children living</sup>  
<sup>Husband</sup> <sup>Wife</sup>

Father's Name Geo. Seybold Mother's Name Lanna E. Seybold

Cause of Death { Primary <sup>How long sick</sup> Abscess & Pleum. Pneumonia 25 days  
 Immediate Exhaustion 71 <sup>Accident, Suicide, Homicide</sup>

Reported by C. D. Shaft Undertaker

Address Pikesville Md.







Name in Full

Certificate of Death

Died at

Date 19

Husband  
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mr Parker Shelton

Town

County

Mason Springs Charles MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Mother's

Maiden Name

Archie Shelton Nellie Randact

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Samuel L Hammond M D.  
Mason Spring Md



Mabel Medina Sherman

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

7 - 11

Age

4 - 1

wid

White

~~Married~~

Widow

~~Married~~

Female

~~Colored~~

Single

~~Widower~~~~Married to [illegible]~~

Husband

of

Wife

Father's

Mother's

Name

Fred G. Sherman

Name

Maggie E. Hardy

Cause of

Primary

Cerebral meningitis

How long sick

39 to 21 days

Death

Immediate

Gradual exhaustion

~~Accident Suicide Homicide~~

Guyton M.D.

Reported by

Address

Cambridge

Dorchester Co





Name in Full

Certificate of Death

Mary Billian Simmons

Town

County

Died at

Elkton

Dee

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Mar 12

Age

3

Med

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
Name

William H.

Mother's

Name

and Mary Simmons

Cause of

Primary

Pneumonia

72

How long sick

30 hours

Death

Immediate

Accident, Suicide, Homicide

Reported by

W B Hart

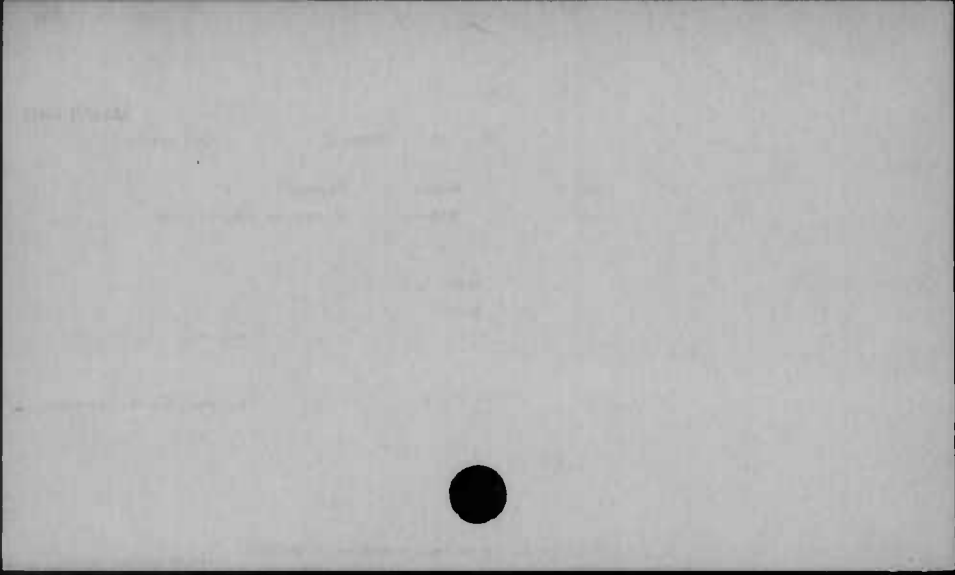
Address

Elkton

Med

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 25968



Name in Full

Certificate of Death

Malinda Stephen

Town

County

Died at

Bucktown

Dorchester

MARYLAND

Date 19

Sept. 26

Month

Day

Age

Y.

M.

D.

Native of

Occupation

35

15

Md.

Laborer

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

John Stephen  
Stephen Perry

Mother's

Maiden Name

Emilia Perry  
Malinda Perry

Cause of

Primary

Typhoid fever

Death

Immediate

How long sick

7 days

Accident, Suicide, Homicide

Reported by

John Stephen

Address

Bucktown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

\* 6289

Alexander Slaysman ~~Mary V. Slaysman~~  
 Town County

MARYLAND

Died at Orangeville Baltimore  
 Month Day Y. M. D. Native of Occupation  
 Date 19 Second May 22 Age 8 - 1<sup>st</sup> Baltimore City  
 Male White Married Widow ~~Divorced~~  
 Female Colored Single ~~Widower~~ Number of children living

Husband of Alexander  
 Wife Alexander  
 Father's Name Alexander Slaysman Mother's Maiden Name Mary V. Slaysman

Cause of Death { Primary Struck by an Engine How long sick  
 Immediate instant 145-d Accident, ~~Suicide, Homicide~~

Reported by John Heron P. Barron

Address 606 Eastern ave Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Phillips Slicker  
 Town County  
 Died at Janytown Harrell MARYLAND

Date ~~1938~~ 5 23 Age 74 Y. M. D. Native of Ind Occupation Laborer  
 Male White Married ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 1

Husband  
 of  
 Wife

Father's  
 Name

Mother's  
 Name

Cause of Death { Primary Old age 141  
 Immediate Heart failure  
 How long sick  
 Accident, Suicide, Homicide

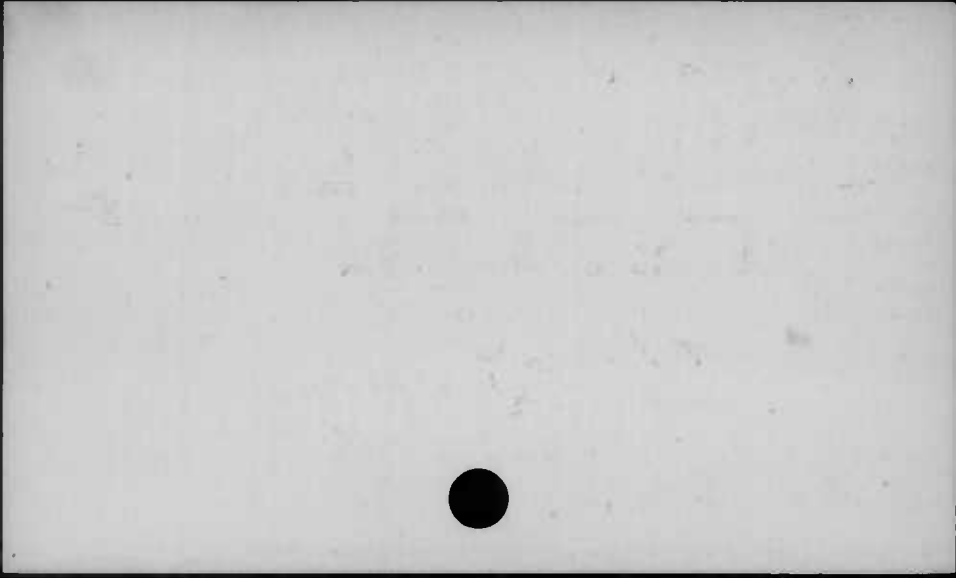
Reported by

Address

J. B. Smith  
 Janytown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708





Name In Full

Certificate of Death

Richard Smallwood

Died at <sup>Town</sup> *Hamlee* <sup>County</sup> *Kent*

MARYLAND

Date 189 <sup>Month</sup> *Dec.* <sup>Day</sup> *3* <sup>Y.</sup> *about* <sup>M.</sup> *64* <sup>D.</sup> *64* <sup>Native of</sup> *Kent Co.* <sup>Occupation</sup> *Laborer*

<sup>Male</sup> *Male* <sup>Married</sup> *Married* <sup>Widow</sup> *Widow* <sup>Divorced</sup> *Divorced*

<sup>Colored</sup> *Colored* <sup>Number of children living</sup> *2*

Husband  
of  
WifeFather's  
NameMother's  
Name

Cause of <sup>Primary</sup> *76* <sup>How long sick</sup>

Death <sup>Immediate</sup> *Acting a* <sup>Accident, Suicide, Homicide</sup>

Reported by *John N. Dodd Undertaker*Address *Chestertown Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_  
of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_

Information contained in this certificate re-  
ceived from \_\_\_\_\_  
of \_\_\_\_\_

Name in Full

Unnamed - Still birth Smith

Died at

Elkton Cecil

MARYLAND

Date 189

Month Day  
Aug 3

Age

Y. M. D.

Native of

Cecil

Occupation

Child

Male

White

~~Married~~

~~Widower~~

~~Single~~

~~Female~~

~~Colored~~

Single

~~Widower~~

~~Number of children living~~

Husband of

Wife

Father's

Name

Jos. H. Smith

Mother's

Name

Mary Flinn

Cause of

Primary

Still birth

How long sick

Death

Immediate

Still birth

Accident, Suicide, Homicide

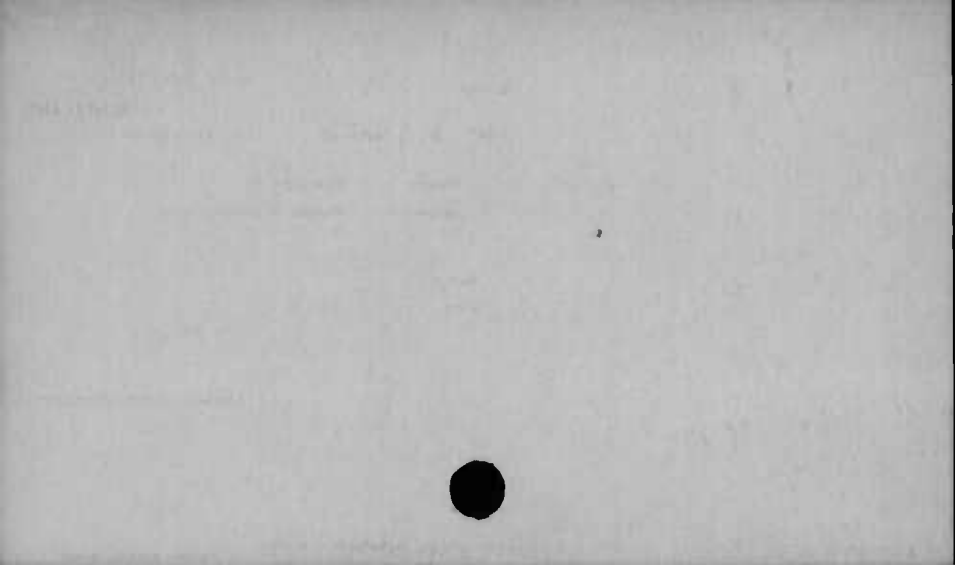
Reported by

Charles H. Miller MD

Address

Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Addie Smith

Died at <sup>Town</sup> Frederick <sup>City</sup><sup>County</sup> Frederick

MARYLAND

Date 189 <sup>Month</sup> 5 <sup>Day</sup> 25 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> <sup>Occupation</sup>  
 Age 9 <sup>Sex</sup> <sup>Married</sup> <sup>Widow</sup> <sup>Divorced</sup> <sup>Female</sup> <sup>White</sup> <sup>Colored</sup> <sup>Single</sup> <sup>Widower</sup> <sup>Number of children living</sup>

Husband  
of

Wife

Father's

Name

Frank Smith

Mother's

Name

Cause of { Primary 66 old 72 How long sick 2 weeks  
 Death { Immediate Pneumonia Accident, Suicide, Homicide

Reported by

A. T. Reese &amp; Son's

Address

190 N. Market St

Indiment of Government  
" May 26<sup>th</sup>  
A. J. Davis & Sons  
Wholesale

52-9

To Sir Alexander

P.C.T.  
L3

Name  
in  
Full

Frank W Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Baltimore		County City		MARYLAND	
Date 1895- of death 190		Month July		Day 15		Age Years Months Days	
Sex Male		Color or Race White		Birth- place Germany			
Occupation Boss Stevedore				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband		Augusta Smith	
Father's Name		Not Known		Father's Birthplace		Germany	
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information		Augusta Smith		How related to deceased		Wife	

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given?

Signature of  
Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER

18 mos  
3 Qtrs.

W. Nicolaus & Son  
1820 Canton Ave



Name  
in  
Full

CERTIFICATE OF DEATH

*Margaret Smith*

Died at *Fairplay* <sup>Town</sup> *Wash* <sup>County</sup> **MARYLAND**

Date of death *1876* <sup>Month</sup> *Nov* <sup>Day</sup> *17* Age *41* <sup>Years</sup> *41* <sup>Months</sup> *41* <sup>Days</sup> *41*

Sex *Female* Color or Race *White* Birth-place *Fairplay*

Occupation *None* Where Residing if not at place of death *Fairplay*

Married, Single or Widowed *Married* Name of Wife or Husband *Martin Smith*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Margaret Stranberg* Mother's Birthplace *Fairplay*

Name of person giving Information *John S. Blake* How related to deceased *None*

CAUSES OF DEATH

Primary *Scarlet fever* How long *10 days*

Immediate *Scarlet fever* How long *10 days*

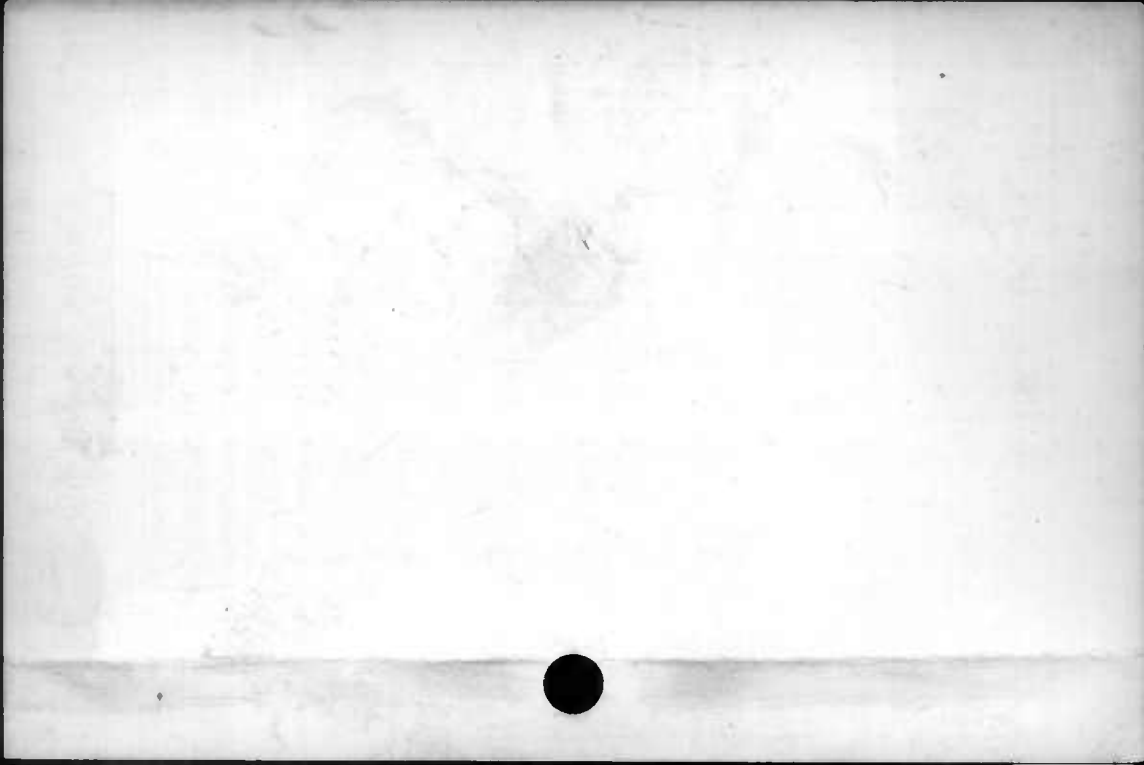
Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *Robt T. Blaney*

Address *None*

Accident or Suicide ☐

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



May Smith

Town

County

Died at

Fredericks

Fredk.

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

5 19

Age

X 9 X

City

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Frank Smith

Mother's

Name

Cause of

Primary

Cold

72

How long sick

10 Days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

A. T. Rice &amp; Sons. Undertakers

Address

190 N. Market St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Statement of Receipts  
" May 20<sup>th</sup>  
A. P. Rice & Sons

£2.7

Providence

P.C. 453

Oscar Smith

Town

County

Died at

Fredr.

Fredr.

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

5 14

Age

3. 2. X

City

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Smith

Mother's

Name

Ida Davis

Cause of

Primary

Death

Immediate

Pneumonia

72

How long sick

~~Accident, Suicide, Homicide~~

Reported by

A. T. Rice &amp; Son's.

Address

190 N. Market St City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Interment May 7

" at Montrose

A. J. Rice & Son's

F. Directors

6-23

P.C.T.P.3

No 2<sup>d</sup> Circulation

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Pettie Smith  
Hagerstown

Town

Washington

County

MARYLAND

Date

of death 190

Month

Day

Age

Years

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Unknown

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

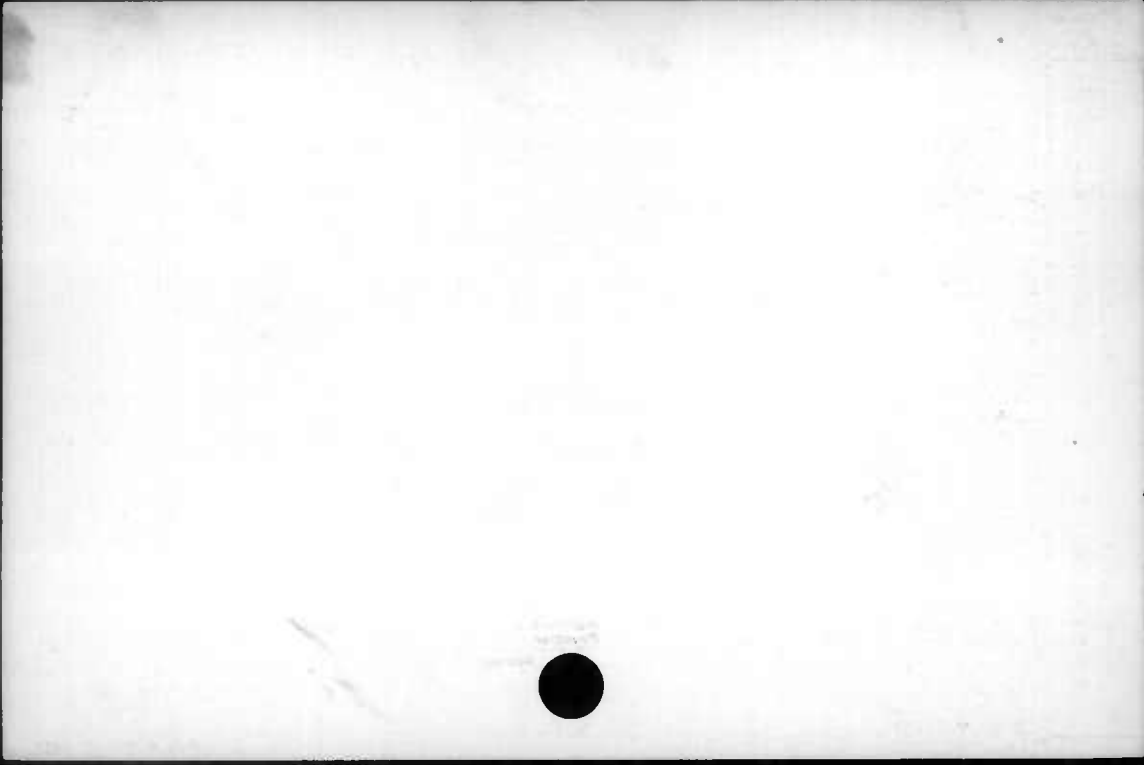
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address



Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

Lucietta Snarely

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Sharpstown Washington

Date of death 1869 Nov 26 Age 38

Months

Days

Sex Female

Color or  
Race

White

Birth-  
place

Sharpstown-Md

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of ~~Wife or~~  
Husband

Jacob M. Snarely

Father's  
Name

John Zimmerman

Father's  
Birthplace

Sharpstown-Md

Mother's  
Maiden Name

Rebecca Stevensyn

Mother's  
Birthplace

Caretown-Md

Name of person giving  
Information

Jacob M. Snarely

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address



Accident or Sulfida

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

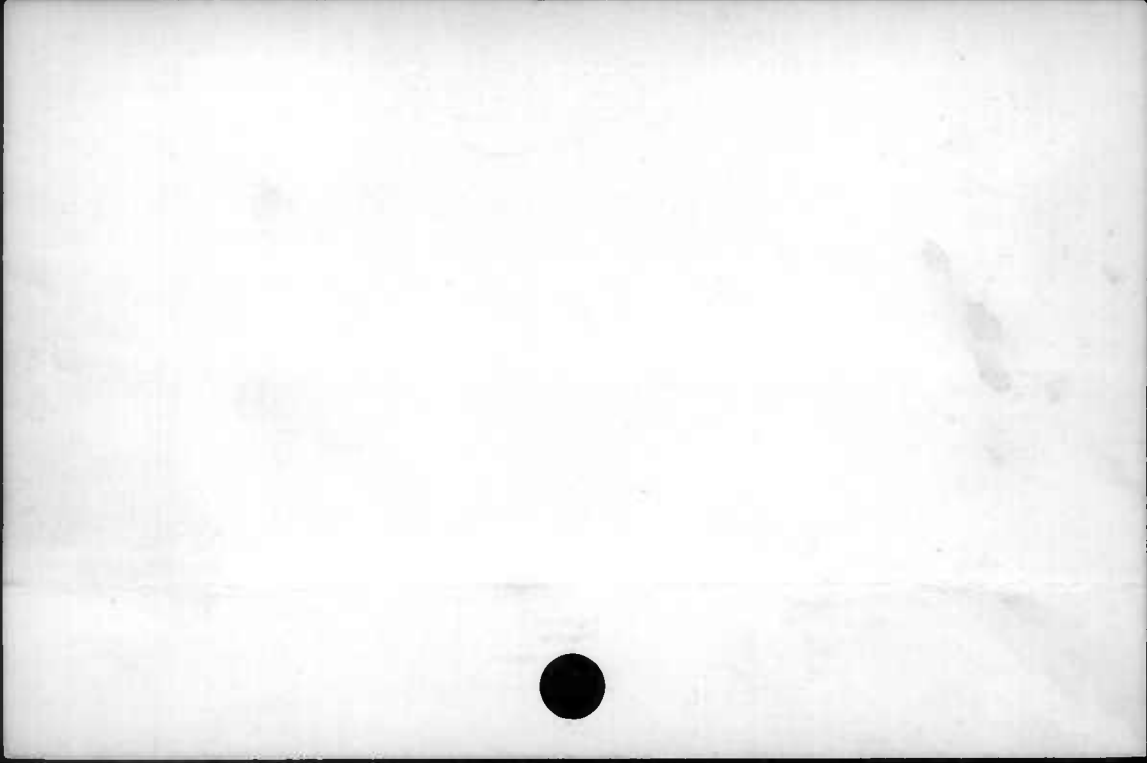
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Days		Years	
1887		May		18		Age 39	
Sex		Color or Race		Birth-place		Ellerton Md Co.	
Female		White					
Occupation		Where Residing if not at place of death					
Housewife							
Married, Single or Widowed		Name of Husband					
Married		Jacob M. Anavely					
Father's Name		Father's Birthplace					
Jacob Leatherman		Ellerton Md. Co					
Mother's Maiden Name		Mother's Birthplace					
Mary Grossnickle		Ellerton Md. Co					
Name of person giving Information		How related to deceased					
Jacob M. Anavely		Husband.					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide			



Name  
is  
Full

## CERTIFICATE OF DEATH

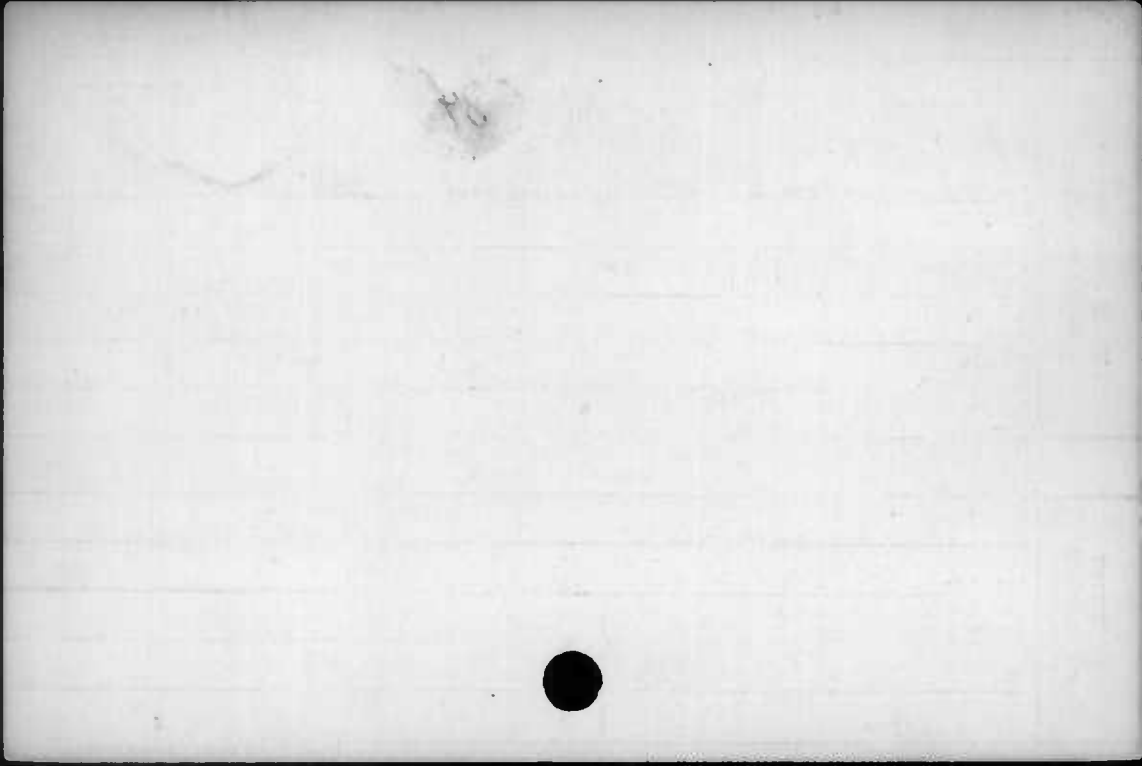
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1877</i>	Month <i>November</i>	Day <i>16</i>	Years <i>18</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birthplace <i>Hagerstown Md</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widow <i>single</i>	Name of Wife or Husband				
Father's Name <i>Calvin Swinley</i>	Father's Birthplace <i>Hagerstown Md</i>		Mother's Birthplace <i>Hagerstown Md</i>		
Mother's Maiden Name <i>Louise Clemens</i>	Name of person giving information <i>Louise Swinley</i>		How related to deceased <i>mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>pneumonia</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name In Full

Certificate of Death

Hallie Swarden

Died at <sup>Town</sup> Ellicott City - <sup>County</sup> Howard Co MARYLAND

Date 189	Month Dec	Day 30	Y. 189	M. 189	D. 189	Native of Ind	Occupation Farmer
Male	White	Married	Widow	Divorced			
<del>Female</del>	Colored	<del>Sing</del>	Widower	Number of children living			

Husband  
of  
Wife

Father's Name	Peter Swarden	Mother's Name	Betsy Swarden
------------------	---------------	------------------	---------------

Cause of	Primary	consumption 22	How long sick
Death	Immediate		Accident, Suicide, Homicide

Reported by	B. J. Byrnes M.D.
Address	Ellicott City -

Must be signed by physician, if any in attendance, otherwise by undertaker or minister.





Name In Full

Certificate of Death

Died at Lees Mill Snyder Washington MARYLAND  
 Town County  
 Date 1898 March 5 Y. M. D. Age infant Native of Ma Occupation —  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living —

Husband of  
 Wife

Father's Name Geo Snyder Mother's Name Augusta Funk

Cause of Primary Born dead How long sick —  
 Death Immediate — OVER Accident, Suicide, Homicide

Reported by Father

Address Williams Loh Maryland  
171 Krebs undertaker Stump

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_

of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_

of \_\_\_\_\_

Information contained in this certificate re-

\_\_\_\_\_

\_\_\_\_\_



Name in Full

Certificate of Death

Died at

Date 189

MARYLAND

Male

Husband  
of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Occupation

Native of

Y. M. D.

Age

Married

Widow

Divorced

Widower

Number of children living

Mother's

Name

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 85968



Name in Full

Certificate of Death

Died at

Date 189

Husband

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sarah E. Sparks

Town

County

Catonville

Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

March

7

Age

62

Native of

Md

Occupation

None.

~~Male~~

White

Married

~~Widower~~~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

None.

Husband of

William Sparks

~~Wife~~

Father's

Name

Mother's

Name

Primary

Dementia 46

How long sick

12 hours

Immediate

Cerebral Hemorrhage

Accident, Suicide, Homicide

Wm. Wade

Md. Hospital Catonsville Md.

LIBRARY BUREAU. 65966



Name in Full

Certificate of Death

Emory A. Spielman

Town

County

Died at

Boonsboro Washington

MARYLAND

Date 189

8

Month

Day

Jan 7

Age

Y.

M.

D.

42 9 14

Native of

Occupation

Boonsboro Mason

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

of

Mary E. Bradman

Father's

Name

Em. Spielman

Mother's

Name

Sophia Spielman

Cause of

Primary

Death

Immediate

161

How long sick

11 mos.

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, #5968





Name  
in  
Full

Comad Spindler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Canlon Town Baer. County

Date 1848 Month Feb Day 16 Age 48 Years Months Days

Sex Male Color or Race White Birth-place Germany

Occupation Upolster Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Anna Spindler

Father's Name Wm. Spindler Father's Birthplace Germany

Mother's Maiden Name Not known Mother's Birthplace Germany

Name of person giving Information Geo. Spindler How related to deceased Son

CAUSES OF DEATH

Primary Not known How long

Immediate Consumption How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER

From H. Peter Leavelle  
to  
1st Evangelic Leavelle.  
Henderson

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County WashingtonVillage or City Danversville (No. ...., St.; .... Ward)STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registered No. ....

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mary B. Speaker

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

6 DATE OF BIRTH Mar 10 1886  
(Month) (Day) (Year)

7 AGE 24 yrs. 11 mos. 15 ds. If LESS than 1 day, .... hrs. OR .... min. ?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work St. St.  
(b) General nature of industry, business, or establishment in which employed (or employer) St. St.

9 BIRTHPLACE (State or country) Maryland

10 NAME OF FATHER Wm. Speaker

11 BIRTHPLACE OF FATHER (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Hoffman

13 BIRTHPLACE OF MOTHER (State or country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Taylor(Address) William Street

15 Filed ..... 191 .....

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH ..... 191 .....

17 I HEREBY CERTIFY, That I attended deceased from ..... 191 .....

that I last saw him ..... alive on ..... 191 .....

and that death occurred on the date stated above, at ..... m.

The CAUSE OF DEATH\* was as follows:

..... (Duration) ..... yrs. .... mos. .... da.

Contributory (Secondary) .....

..... (Duration) ..... yrs. .... mos. .... ds.

(Signed) ..... M. D.

..... 191 ..... (Address) .....

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL .....

20 UNDERTAKER ADDRESS .....

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plaster, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc. *Carcin-*

*oma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "As-thenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent DEATHS state MEANS or INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such. If impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

# of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *July 29 1877*  
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *James M. Shepton*  
 Sex, Male or Female, { Cross out the word not required in this line. } *male*  
 Age, *28 1/2* Years, \_\_\_\_\_ Months, \_\_\_\_\_  
 Color, *white*  
 Married, Single, Widow or Widower, { Cross out the word or words not required in this line. } *married*  
 Occupation, *Lawyer*  
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Ireland*  
 Duration of Residence in the City of Baltimore, \_\_\_\_\_  
 Place of Death, { Give street and number. } *Mansfield Street*  
 Cause of Death, { First (Primary,) *General Paralysis*  
 { Second (Immediate,) *Exhaustion*  
 Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician

Place of Burial, *Holy Cross Cemetery*  
 Date of Burial, *July 31 1877*  
 { Undertaker, *James P. Byrne*  
 { Place of Business, *No 63 N Howard St*  
 Address *Edw. Despt.*  
 Medical Attendant *R. D. Broome*

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within four hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the date of death, except in cases of births and deaths of illegitimate children.

*The following additional information is requested in relation to the causes of death enumerated below.*

IRISM—Mode of Death.	MALIGNANT PUSTULE—Location and Cause.
SPINAL MENINGITIS—Variety, whether epidemic or simply Inflammatory.	MALFORMATION—Variety.
DBIRTH—Circumstances producing Death.	METRITIS—Variety and Cause.
ER—Variety and Seat.	NECROSIS—Seat. Cause and Mode of Death.
ULUS—Mode of Death.	OVARIAN TUMOR—Mode of Death.
ITION—Mode of Death.	PARALYSIS—Variety and Cause.
ASE OF HEART—Variety. Valves involved.	PERITONITIS—Cause.
PSY—Variety and cause.	PHLEBITIS—Cause.
ERITIS & GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.	PYÆMIA—Cause. Nature of Injury, if any.
IPELAS—Seat and Cause.	PREMATURE BIRTH—Cause. Foetal age.
TURES—Cause and Mode of Death.	PRETERNATURAL BIRTH—Manner of.
GRENE—Seat and Cause.	SYPHILIS—Variety, Chief Location & Mode of Death.
CRITIS—Cause.	TETANUS—Nature of Injury, if any.
NIA—Variety and Mode of Death.	ULCER—Nature, Chief Location and Mode of Death.
NITY—Variety and Mode of Death.	WOUNDS—Cause, Variety, Seat and Mode of Death.
NDICE—Cause and Mode of Death.	ABSCCESS—Cause, Location and Mode of Death.
IA, ACUTE—Cause and Mode of Death.	Specify every Surgical operation with fatal result.
MARRIAGE—Cause and Mode of Death.	Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES A. STEUART. M. D.

*Commissioner of Health and Registrar.*

Addison Cooper Stanton

Town

County

Died near

Trappe

Talbot Co

MARYLAND

Date 1898

Month Day

Y. M. D.

Native of

Occupation

Age

13. 14

Ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

George H. Stanton

Mother's

Name

Alice Louisa Cooper

Cause of

Primary

Acute nephritis.

9 to

How long sick

One month

Death

Immediate

Oedema of lung.

Accident, Suicide, Homicide

Reported by

Joseph A. Ross. Jr. M.D.

Address

Trappe Tal- Co, Ind.





Name  
in  
Full

Martin Luther Steck

CERTIFICATE OF DEATH

Pennsylvania  
~~MARYLAND~~TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Welsh Penn Pa		County Franklin			
Date of death		1900	Month Apr	Day 29	Age 75	Years 3	Months 19
Sex M		Color or Race W		Birth- place Penn			
Occupation Farmer		Where Residing if not at place of death Same					
Married, Single or Widowed widowed		Name of Wife or Husband Lydia Steck (deceased)					
Father's Name Geo Steck		Father's Birthplace Pa					
Mother's Maiden Name Miss Whitmore		Mother's Birthplace Pa					
Name of person giving information L. R. Steck		How related to deceased Son					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Senile Debility	How long	✓
Immediate	cardiac debilitation	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		P. H. M. Longplien M.D.	
Address		Welsh Penn Pa	
Accident or Suicide?			

M. S. D. Strick

Name  
in  
Full

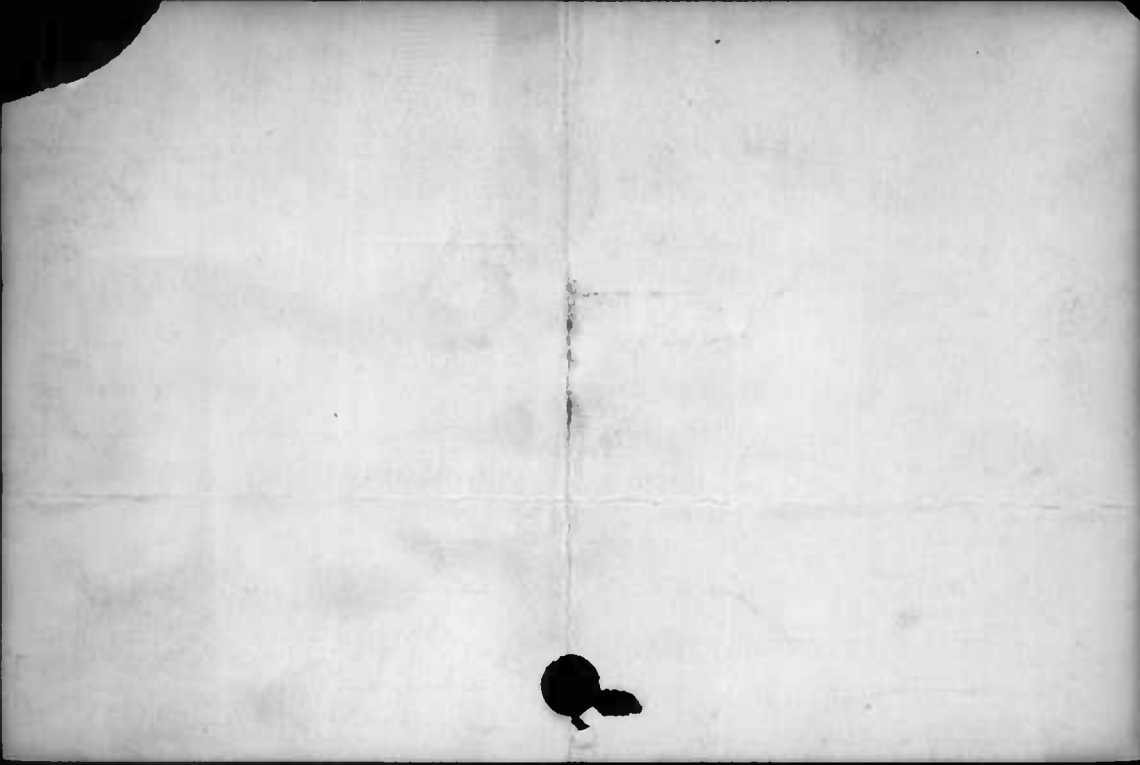
TO BE ANSWERED BY  
NEAREST FRIEND

1. Rowland Stephens				CERTIFICATE	
Died at <i>Port Deposit</i>		Town <i>Port Deposit</i>		County <i>Carroll</i>	
Date of death <i>1884</i>		Month <i>190</i>	Day	Age <i>3</i>	Years <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Port Deposit</i>		Months	
Occupation <i>home</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Robert Stephens</i>		Father's Birthplace <i>Harford Co</i>			
Mother's Maiden Name <i>Mary Sewer</i>		Mother's Birthplace <i>Harford Co</i>			
Name of person giving information <i>J Foster</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Hemorrhage</i>	How long <i>7 days</i>
Immediate <i>Embryonic</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. A. Chinn</i>
	Address <i>Port Deposit</i>
Accident or Suicide? <i>_____</i>	



Name

in  
Full

## CERTIFICATE OF DEATH

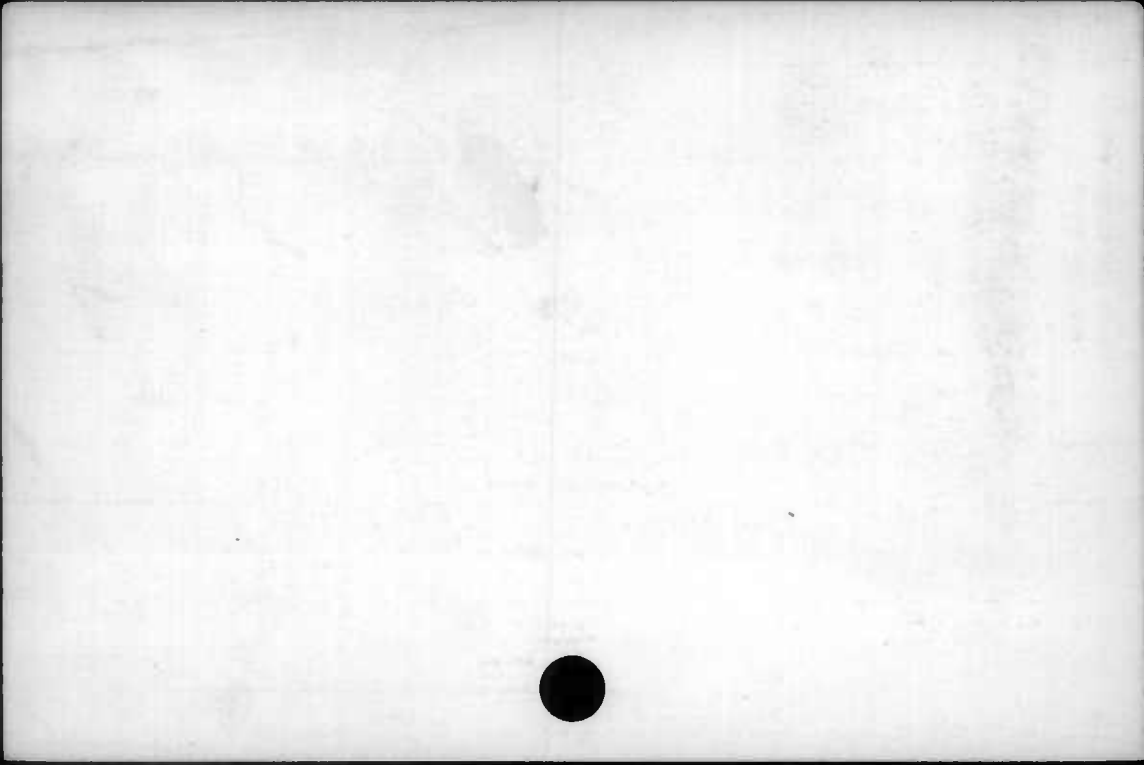
TO BE ANSWERED BY  
NEAREST FRIEND

Name *Hattie Steward* Town *Pagerstown* County *Washington* Maryland  
 Died at *Pagerstown* Month *March* Day *15* Years *83* Months *—* Days *—*  
 Date of death *1878-190* Age *83*  
 Sex *Female* Color or Race *Colored* Birth-place *Unknown*  
 Occupation *Domestic* Where Residing if not at place of death *—*  
 Married, Single or Widowed *—* Name of Wife or Husband *—*  
 Father's Name *Unknown* Father's Birthplace *Unknown*  
 Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*  
 Name of person giving Information *—* How related to deceased *—*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *—* How long *—*  
 Immediate *—* How long *—*  
 Are the name, age, sex, color, date and place correctly given above? *—* Signature of Physician *—*  
 Address *—*  
 Accident or Suicide *—*



Name  
in  
Full

CERTIFICATE OF DEATH

*Philip Steward*

Town

County

MARYLAND

Died at *Hagerstown*

*Washington*

Date *1879*  
of death *190*

Month

Day

Years

Months

Days

Age *80*

Sex

*Female*

Color or  
Race

*Colored*

Birth-  
place

*Unknown*

Occupation

*Cook*

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

*Unknown*

Father's  
Birthplace

*Unknown*

Mother's  
Maiden Name

*Unknown*

Mother's  
Birthplace

*Unknown*

Name of person giving  
Information

How related  
to deceased

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

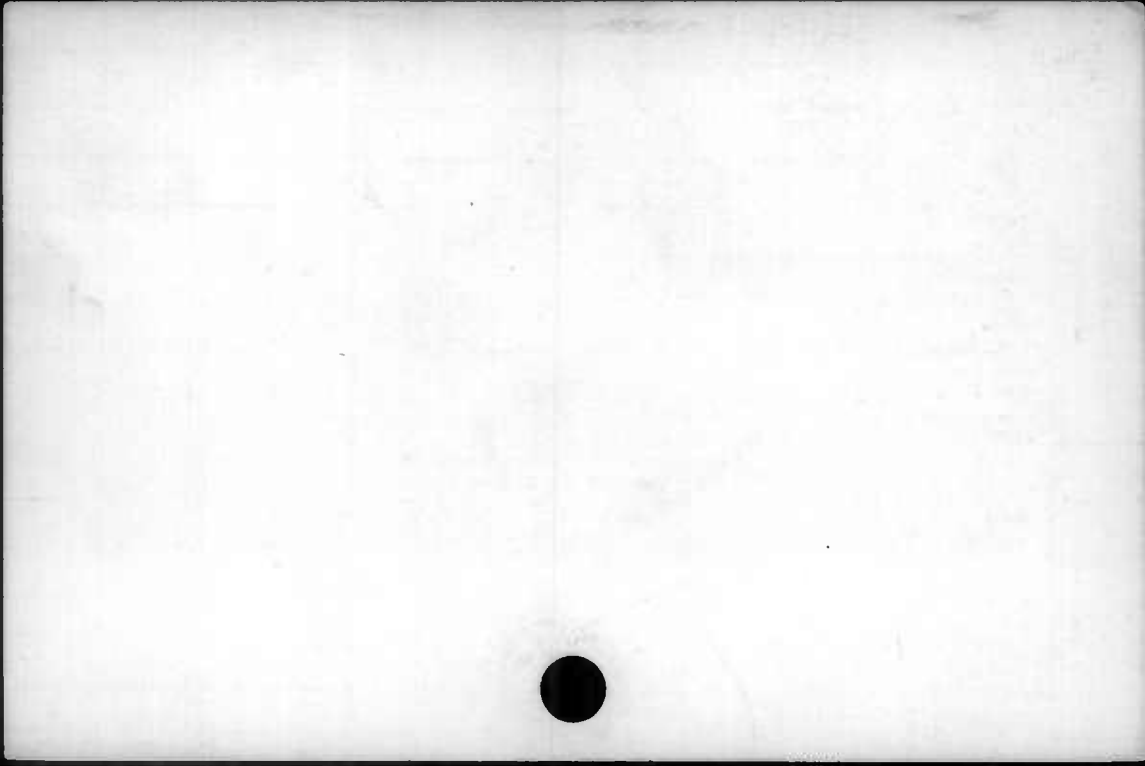
Signature of  
Physician

Address



Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Eliza Stroops</i>		Town <i>Wagonsville</i>		County <i>Washington</i>		MARYLAND					
Died at		Month		Day		Years		Months		Days	
Date of death <i>190</i>		Age		Color or Race <i>Colored</i>		Birth-place <i>Unknown</i>		Where Residing if not at place of death			
Sex <i>Female</i>		Occupation		Married, Single or Widowed		Name of Wife or Husband		Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>	
Mother's Maiden Name <i>Unknown</i>		Name of person giving Information		Mother's Birthplace <i>Unknown</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Accident or Suicide		Address	



Name  
in  
Full

Maggie O. Storer

## CERTIFICATE OF DEATH

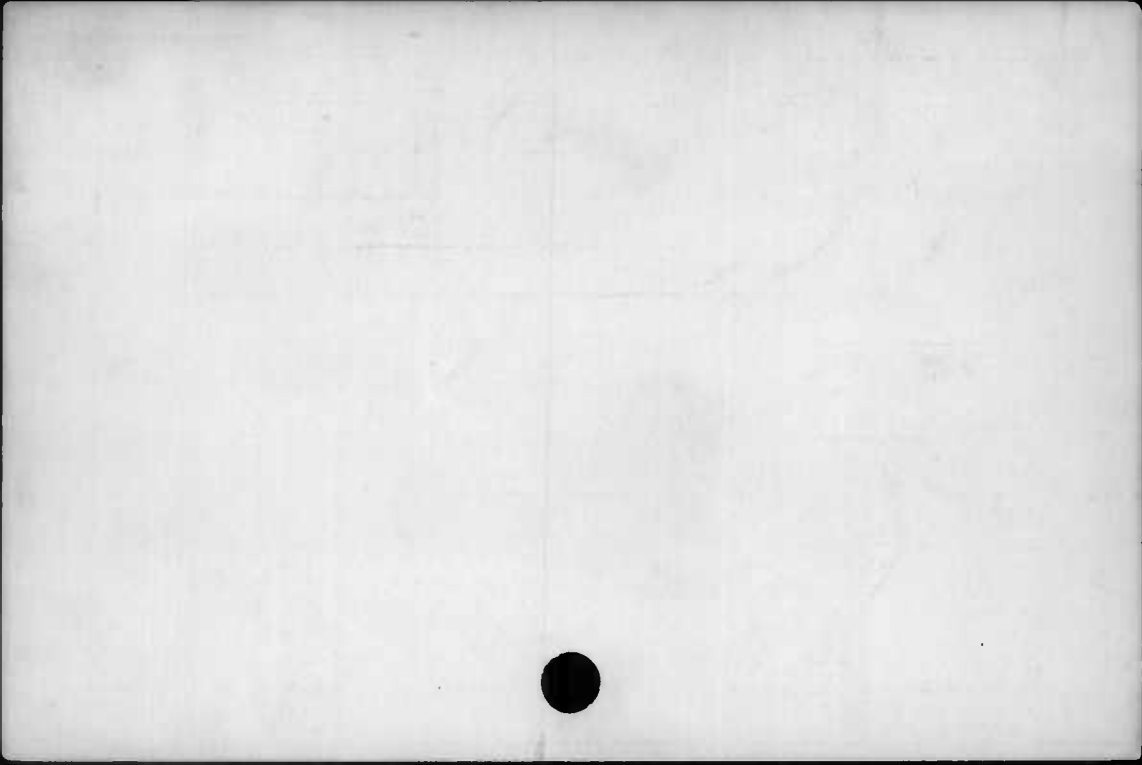
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Union Church</i>		County <i>Allegany</i>		MARYLAND	
Date of death	Month <i>Oct.</i>	Day <i>21</i>	Age <i>11</i>	Months <i>5</i>	Days <i>21</i>
Sex <i>F.</i>	Color or Race <i>N.</i>		Birth-place <i>Ind.</i>		
Occupation <i>School.</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>S.</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>James Storer</i>			Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Mary A Clark</i>			Mother's Birthplace <i>England</i>		
Name of person giving information <i>James Storer</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Scarlet Fever of</i>	How long <i>4 mo.</i>
Immediate <i>Idy.</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>James S. Johnson M.D.</i>
<i>no previous record</i>	Address <i>Cumtland Maryland</i>
Accident or Suicide? <i>—</i>	



Name In Full

Certificate of Death

Edward D. Swingle

Town

County

Died at Hancock

Was

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

April 5

Age 36

Maryland Druggist

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of  
Wife

Father's

Mother's

Name

Name

Armistead A. Swingle

Mary J. Swingle

Cause of

Primary

Cerebro Meningitis

How long sick

10 days

Death

Immediate

39 a

Accident, Suicide, Homicide

Reported by

Martin Jenkins F D

Address

Hancock



Was 65 M d

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

J. A. West  
Hancock, Md

Seen by Coroner

of

Information contained in this certificate  
received from

of

Name In Full

Certificate of Death

Henry Lee Sykes  
 Died at <sup>Town</sup> Holland's Island <sup>County</sup> Dorchester MARYLAND

Date 189 <sup>Month</sup> June <sup>Day</sup> 15 Age <sup>Y.</sup> 51 <sup>M.</sup> <sup>D.</sup> Native of Md Occupation Unknown  
 Male White Married Widow ~~Divorced~~  
 Female Colored Single Widower Number of children living One

Husband of Susie Langley Sykes  
 Wife  
 Father's Name Unknown Mother's Name Unknown

Cause of Primary Maria a Pater 34 How long sick 24 hrs.  
 Death Immediate Heart failure Accident, Suicide, Homicide

Reported by J. C. Alexander M.D.  
 Address Neely Island Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

